REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:

Mail Stop RCE

Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450

| Application Number: 10/715,597 | Confirmation Number: 6441 | | | | | | | |
|--------------------------------------|--------------------------------|--|--|--|--|--|--|--|
| Filing Date: November 19, 2003 | | | | | | | | |
| First Named Inventor: Talal G. SHAMO | ned Inventor: Talal G. SHAMOON | | | | | | | |
| Group Art Unit: 2435 | | | | | | | | |
| Examiner: April Ying SHAN | aminer: April Ying SHAN | | | | | | | |
| Attorney Docket Number: 07451.0011- | 02000 | | | | | | | |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

| Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. | | | | | | | | | | | | | |
|---|--|-------------|--|--|---|---------------|------------------|---|-----------------------------------|--|--|--|--|
| 1. | Submission required under 37 C.F.R. § 1.114: <u>Note:</u> If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment. | | | | | | | | | | | | |
| | a. | | | reviously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be onsidered as a submission even if this box is not checked. | | | | | | | | | |
| | | i. | | Consider the argu | Consider the arguments in the Appeal Brief or Reply Brief previously filed on | | | | | | | | |
| | | ii. | | Other | ther | | | | | | | | |
| | b. | | DO NOT E | NTER the amendme | ER the amendment(s) previously filed on An alternate submission is attached. | | | | | | | | |
| | C. | \boxtimes | Enclosed s | Enclosed submission: | | | | | | | | | |
| | | i. | | Amendment | nent | | | \boxtimes | Information Disclosure Statement | | | | |
| | | ii. | | Affidavit(s)/Declara | ation(s) | i | ٧. | \boxtimes | Other IDS Form PTO/SB/08 | | | | |
| 2. | Mis | cella | neous | | | | | | | | | | |
| | a. | | Suspension | of action on the abo | ve-mentioned applica | ation is requ | ested | under 37 | C.F.R. § 1.103(c) for a period of | | | | |
| | | | • | • | shall not exceed 3 mo | | | 37 C.F.R. | § 1.17(i) required.) | | | | |
| | b. | Ц | Other | | | | | *************************************** | | | | | |
| 3. | Fee | es | | | | | | | | | | | |
| | a. | \boxtimes | The filing fee is calculated as follows: | | | | | | | | | | |
| | | i. | \boxtimes | \$810.00 RCE fee required under 37 C.F.R. § 1.17(e). | | | | | | | | | |
| | | ii. | | Petition for extension of time | | | | | | | | | |
| | | iii. | | Other | | | | | | | | | |
| | b. | \boxtimes | The require | ed fee of \$810.00 is b | eing paid via Deposit | Account 06 | -0916 | 3 | | | | | |
| | c. The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account 06-0916. | | | | | | | | | | | | |
| | | | | Signatu | re of Applicant, At | torney, o | Age | nt Requ | ired | | | | |
| Name: Linda J. Thayer 617.452.1680 Reg | | | | | | | Reg. No.: 45,681 | | | | | | |
| Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P. | | | | | | | | | | | | | |
| Signature: Darrell D. Kinder, Sc. Leg. No. 57, 460 Date: February 12, 2010 | | | | | | | | | | | | | |
| | | | | | Certificate of Mailir | | | | | | | | |
| CERTIFICATE UNDER 37 CFR § 1.10 OF MAILING BY "EXPRESS MAIL" I hereby certify that this correspondence is being deposited with the United States Postal Services "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to the Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Date: Express Mail Label US By: | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Signature: Date: | | | | | | | | | | | | | |
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